

National Drug Treatment Reporting System (NDTRS) Protocol for completing the hard copy form

Revised for 2019



Version 1.0 January 2018

How to use this protocol

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Guidelines for completing a NDTRS form

Background

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated problem drug and alcohol use in Ireland. It was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover the whole country. The reporting system was originally developed in line with the Pompidou Group's Definitive Protocol, and was subsequently refined in accordance with the European Monitoring Centre for Drug and Drug Addiction (EMCDDA) Treatment Demand Indicator Protocol. The NDTRS is coordinated by staff at the Health Research Board (HRB) on behalf of the Department of Health.

The NDTRS form has been significantly changed and updated in 2015/2016, in order to comply with reporting requirements for the EMCDDA and also in order to improve the way we collect data nationally.

New questions and changes are highlighted throughout the protocol.

The value of treatment data

An accurate and complete treatment database can:

- identify patterns of drug and alcohol use and risk behaviours;
- explore patterns of service utilisation;
- provide information for evidence-based service planning, including obtaining and justifying funding and personnel;
- analyse trends in treated problem alcohol and drug use over time.

How is treatment defined in the NDTRS?

- any activity that aims to improve the psychological, medical and social state of individuals;
- one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training;
- treatment in residential and non-residential settings;
- treatment in prison.

It is important to note for the purposes of completing the NDTRS form that the term 'treatment' **does not include:**

- needle exchange programmes;
- interventions solely concerned with the physical complications of problem drug or alcohol use (for example, emergency response to overdoses, or treatment of blood-borne infections and sexually transmitted infections);
- contacts with services which involve requests for social assistance only;
- any non-addiction issues e.g., mental health problems, social issues;
- requests for practical information only;
- contacts by telephone or letter only (unless a brief intervention is provided over the telephone).

Informed consent

- Data collected for the NDTRS are anonymised, therefore securing the service user's consent to provide the data is not necessary.
- However it is advisable that your service users are informed about how their data will be used by your service, not only for the NDTRS, but for any other reporting or research purposes e.g. through leaflets or posters in the waiting areas.

- It is good practice to include the NDTRS as an item in any consent form for information sharing.

When should a NDTRS form be completed?

The form should be completed for each **new** service user presenting for their first treatment **in this calendar year**.

The form should be completed for any service user who has been previously treated, and who is **returning** to treatment for problem drug or alcohol use **in this calendar year**.

- When a service user has undergone an initial assessment, you should complete sections A, B and C.
- If a service user did not continue past the assessment, **STOP** completing the form at Q16, and return it to your data coordinator or to the NDTRS team (whichever is applicable in your case).
- If the service user did not continue on to treatment, **STOP** completing the form at Q17 and return it to your data coordinator/NDTRS team.
- If the service user has continued on to treatment, complete sections D, E, F and G and then return it to your data coordinator/NDTRS team.
- Please try to obtain a full and accurate history from each service user, and only record 'unknown' if it is not possible to obtain specific information for a particular question.
- If you are unable to provide an answer, please record 'unknown' rather than leave the answer to a particular question blank. This is because 'blanks' cannot be processed by the NDTRS team, and this will in turn result in additional data-related queries being sent by the NDTRS to your service.
- The exit section of the form (i.e., Section H) should be completed once the service user exits treatment.

Who should have a NDTRS form allocated to them?

- a service user who is seeking help for alcohol or drug problems;
- a service user whose main problem is a process addiction (gambling, spending, eating, gaming/Internet, sex or pornography);
- [on-line only] a concerned person (family member affected by the addiction of another person).

If a service user is seeking help for mental health problems (for example, depression, anxiety etc.,) and/or social problems (for example, homelessness or social isolation) and is also seeking help for problem drug or alcohol use, or for a process addiction, the main problem recorded in the response to Q13 must be either alcohol, a drug or a process addiction. **Do not record** other problems such as 'depression', 'anxiety', 'homelessness' etc.

How is a treatment episode defined?

A treatment episode is defined as when a service user enters treatment for the first time in their life, or if a service user returns to treatment after a period of absence (planned or unplanned) that is greater than one month in a calendar year.

Continuous care service users

Individual forms do not have to be completed for continuous care service users i.e., for service users who continue in treatment from one year to the next without a break.

Transferred service users

- If a service user is being transferred from your treatment centre to another treatment centre after receiving treatment, you should complete the exit questions (Section H) at the time of the individual's referral or transfer, and you should record the name of the new service provider in your response to Q33b.

- A new NDTRS form will be completed by the new service provider once the service user has been transferred.

Transferring between methadone clinics/GPs, due to sanction and/or imprisonment

- If the service user returns to your service within 28 days, you do not need to complete a new entry form.
- If the service user does not return to your treatment centre within 28 days, you should complete the exit questions (Section H) and return the form.
- If the service user returns to your treatment centre after a period of more than 28 days, you should complete a new entry form.
- If the service user spent more than 28 days in the transfer centre, then you are required to complete a NDTRS form on their return to your treatment centre.
- If service user is committed to prison, for more than 28 days, from a community-based service, then they should be exited from the community-based service and a new episode started in prison.
- If a service user has had a prison-to-prison transfer and is transferred back to the original prison before 28 days then a new episode does not need to be started.

What to send?

Retain the top copy with name and address in the clients notes in your service. Do not return to the data co-ordinator or the NDTRS team.

- Return the **white (anonymised) carbon copy** to your data coordinator, or directly to the NDTRS team as appropriate, as soon as the service user starts treatment in your centre, and you have completed Section G (Activity details) on the form.
- Return the **blue (anonymised) carbon copy** to the data coordinator, or directly to the NDTRS team as appropriate, as soon as the service user has left your treatment centre and you have completed Section H (Exit details) on the form.

Where to send the forms?

- **At the end of each calendar month** you should send a batch of completed forms to your data coordinator, or to the NDTRS team (whichever is applicable in your case). They will be responsible for ensuring that the data are correctly inputted.
- If you are returning the forms to the NDTRS team in the blue security bag provided, please ensure that with the **correct postage** has been paid.
- Please nominate a person in your treatment centre who is responsible for the return of the forms and is also responsible for dealing with any related queries.

Cleaning and validating the data

Validation of the data is now done through the LINK system. Please see contact the NDTRS team on how to access the on-line system to check your data queries and validate answers.

Accessing NDTRS data

You can request a specific analysis of the data from your service from the NDTRS staff. Alternatively, you can view the on-line interactive tables at <http://www.drugsandalcohol.ie/key-info/> where you can also access a subset of the entire national dataset from 2004 onwards.

HRB contact details

If you require training, or if you have any queries, please contact the NDTRS staff by emailing ndtrs@hrb.ie

Postal address for returning forms

National Drug Treatment Reporting System

Health Research Board

Grattan House

67-72 Lower Mount Street

Dublin 2


Instructions for data collection NDTRS form

When completing the NDTRS form, please use a ballpoint pen, and make sure that the information you provide is clearly legible on each carbon copy of the form.

Please note that each section of the form reads from **left to right**. (Explanatory information in relation to each question is set out in the box on the right hand side of the page.)

Section A: Administrative details

You should retain the top copy of the form, containing the name and address of the service user for your own records. **Only the anonymised carbon copies are to be returned to the HRB.**

NDTRS National Drug Treatment Reporting System, Health Research Board. Please check information is legible on carbon copies.					
A. Administrative details		PLEASE COMPLETE USING A BALL POINT PEN			
Forename	John	Address	123 Main Street, Cavan		
Surname	Smith	Eircode	1 2 3 4 5 6 7		
1a. Centre	1 2 3 4 5	1b. Type	3 3	2a. Client number	2 2 2 2 2 2 2
		2b. IHI			

Q1a. Centre

The NDTRS team will provide you with a unique number for your service.

Q1b. Treatment provider type

Insert the code assigned to your service



If you are unsure what code should be assigned to your service, please contact the NDTRS team by emailing ndtrs@hrb.ie.

Some services provide more than one treatment type e.g., in-reach in prison and low threshold. Make sure to insert the appropriate type to the different treatments.

Q2a. Client number

Each service user should be assigned a unique client number by your centre. This can be the case notes number, or whatever numbering system is currently used by the participating treatment provider.

The pre-printed number on the form may also be used.

The client number is used for administrative purposes only by the NDTRS.



Why do we need a service user number?

If a question has not been completed, or has been completed incorrectly, the HRB can contact you to cross-reference the information against the service user's records.

The service user number also enables the HRB to check for duplicate cases within agencies. **The service user number is, therefore, a vital piece of information.**

Q2b. IHI ***New to the 2016 NDTRS form**

The NDTRS is not currently collecting the IHI number. The number is, however, included in the 2016 revised version of the NDTRS form in preparation for the implementation of the integrated individual health identifier (IHI) system in future years.

An individual health identifier (IHI) is a unique, non-transferrable number which will be assigned to all individuals using health and social care services in Ireland. The number will last for the individual's lifetime. Its purpose is to accurately identify the individual, enabling health and social care to be delivered to the right patient, in the right place at the right time. The ultimate benefit of these identifiers to all those who use health and social care services is better quality and safer care. The Health Identifiers Bill, which published in 2013, provides the legislative framework for the implementation of this unique, non-transferrable number system. For more information, go to: <http://www.higa.ie/healthcare/health-information/health-identifiers>

Section B: Demographic details

B. Demographic details

3a. Sex (circle) ☒ 1. Male 2. Female
Transgender ☐ **Tick if Yes**

3b. Self-defined sexual orientation (circle)
☒ 1. Heterosexual 2. Homosexual 3. Bisexual
 4. Did not wish to answer this question
 99. Not known

4a. Date of birth
 Day Month Year

4b. Age Years

5. Living where (circle)
☒ 1. Stable accommodation
 2. Homeless 3. Unstable accommodation
 4. Prison 5. Institution (residential care/halfway house)
 6. Not known

6. Living with whom (circle)
 1. Alone 2. Parents/family
 3. Friends 4. Partner (alone)
☒ 5. Partner & child(ren) 6. Alone with child(ren)
 7. Foster care 8. Other 9. Not known

7. Number of children
 Total number of children (if none write 0)
 Under 5 yrs 5 - 17 yrs 18 yrs or Over
 Number living with client
 Number living with other parent
 Number in care
 Number living elsewhere
 Living status not known

8a. Area of residence
8b. City/county

9a. Education: highest level completed to date (circle)
 0. Primary level incomplete 1. Primary level
☒ 2. Junior cert 3. Leaving cert
 4. Third level 5. Never went to school
 9. Not known

9b. Age left primary or secondary school for the first time
 (not third level) (years, or circle code below)
 01. Never went to school 88. Still at school
 99. Not known

10. Employment status (circle)
 1. In paid employment 2. Unemployed
 3. Training course 4. Student
 5. Housewife/husband ☒ 6. Retired/unable to work
 8. Other (specify) _____
 9. Not known

11a. Country of Birth (circle, if other please specify)
 1. Ireland ☒ 2. Other 99. Not known
 Country _____

11b. Ethnic / cultural background (circle)
☒ 1. Irish 2. Irish Traveller 11. Roma
 3. Any other white background 4. Black African
 5. Any other black background
 6. Asian Chinese 7. Any other Asian background
 8. Other, including mixed background
 10. Do not wish to answer this question
 99. Not known

11c. Language other than English or Irish at home?
 (circle)
 1. Yes ☒ 2. No 99. Not known
 (if yes, specify) _____

**Please note that the completed form above shows mock data, which are used here for illustrative purposes only.*

Q3a. Self-defined gender identity (sex) and Q3b. Self-defined sexual orientation ***New questions on the 2016 NDTRS form***

Self-defined gender (sex)

Gender identity refers to whether a person feels male or female regardless of the sex they were assigned at birth. Transgender is a term used to describe people whose gender identity differs from the sex assigned to them at birth. While a service user may present outwardly as one gender, they may identify as the other gender. This may especially be the case if a service user is in the early stages of transitioning to their preferred gender. For more information see <http://www.welfare.ie/en/Pages/GRC1.aspx>

'Sex' – circle the appropriate option.



Transgender service users can choose the option 'transgender' **AND** also their preferred gender.

Once a person has transitioned to their preferred gender they may wish only to identify with their preferred gender.

Q3b. Self-defined sexual orientation

Sexual orientation refers to an enduring pattern of emotional, romantic, and/or sexual attraction to men, women or both sexes. Three sexual orientations are commonly recognised: heterosexual, homosexual (gay and lesbian) and bisexual.

'Self-defined sexual orientation' – circle the appropriate code. If you asked the question, but the service user did not wish to answer this question, circle option 4.

If there was no opportunity to ask this question, circle 'Not recorded'.

Rationale for collection data on self-defined sexuality

In consultation for the current National Drugs Strategy (2009 to 2016), a key theme that emerged throughout all stages of the consultation process was the requirement to focus on the needs of specific communities and help them to access services. In general, it was felt that because there was insufficient differentiation between the needs of specific groups, this would make it difficult to enable services to be tailored according to their needs. In addition to the needs of prisoners, the key groups whose specific needs were highlighted during the consultation process were: Travellers; new communities; lesbian, gay, bi-sexual, transgender people (LGBTs); homeless people; sex workers. The NDS contains several recommended actions in relation to these specific groups:

- Action 28 Interim National Drug Strategy – Prevention: Target at risk groups (Travellers, new communities, LGBTs, homeless people, prisoners, and sex workers);
- Action 44 – Treatment and rehabilitation: Address the treatment and rehabilitation needs of Travellers; new communities; LGBTs; homeless people; sex workers. This should be facilitated by engagement with representatives of these communities and/or services working with these groups, as appropriate.

Accurate data are required to assess and measure the outcomes and progress of these actions.

Further information is available from the HSE document 'Lesbian, Gay, Bisexual and Transgender Service Users: Guidance for Staff Working in Mental Health' Services.

http://www.mhcirl.ie/File/LGBT_SU_Guide_for_staff.pdf

Q4a: Date of birth and Q4b: Age

Record the service user's date of birth (DOB). Write in order: day, month, year (for example, 07.12.62).

Record the service user's age in years



If you are completing the form retrospectively, then the age that you record on the form must be the service user's age **at the date they started their treatment**.

If the service user did not start treatment, then record their age at the time they were assessed.

In the **rare** circumstances where DOB and age cannot be ascertained, please write '99' in the age box and leave DOB **blank or 09/09/1899**.

Q5. Living where ***Changed in the 2016 NDTRS form***

Living where refers to the stability of the service user's living situation in the **30 days** before they started treatment.



- **Homeless** can include sleeping rough, living in temporary accommodation (B&B/guesthouse/hostel/hotel etc.)
- **Other unstable accommodation'** includes temporary living arrangements, for example, staying with a friend on a temporary basis without paying rent. Circle this option only if the service user's living situation is insecure. Do **not** circle this option if the service user has just moved to a new but stable address.
- **Institution** includes **residential care** or

halfway house.

- **Prison** is now a separate category. Ensure that Q1b is recorded as '41' the code for prison.
- If the service user is living on an official **halting site**, circle option 1 'stable'. If living on an unofficial halting site, circle option 4 'unstable accommodation'.

Clients receiving treatment in prison

- If the client has been in prison for less than six months before they start the current treatment then record **Area of Residence** as their **Home Address**.
- If the client has been in prison for six months or more, *(without a break of greater than 28 days)*, before they start the current treatment then record **Area of Residence** as the **Prison Address**.

****** *(prison to prison transfers do not count as a break)*

Q6. Living status (i.e., service user living with whom)

This is about with whom the service user was living with in the 30 days prior to them accessing treatment.

Record the service user's living status, as was applicable **30 days** before they started their treatment.



Parents/family refers to the service user's mother and/or father, sisters, brothers or extended family such as grandparents, uncles, and aunts.

The **parents/family** code also applies to the service user's adoptive parents or family members.

Partner refers to spouse or cohabitee.

If the service user is homeless, is in prison, halfway house, residential centre or is living in an institution, circle option 7: '**Other**'.

If a service user is being treated in prison ensure that Q1b type is recorded as '41' the code for prison.

Q7. Number of children ***New to the 2016 NDTRS form***

Part 1: Total number of children

Record the service user's total number of children. This includes all children **under 18 years** as well as all adult children **aged 18 years or older**.

The fact that the children live/do not live with the service user is not relevant in the context of the total number of children.



If you know that the service user does not have children, write '0'.

If you know your service user **has children**, but you are unable to ascertain how many children, **write '99'** (which is the data code for 'not known').

For the purposes of the NDTRS, this question only refers to children who are alive.

Part 2: Where the children are living

Number of children

Write the number of children per age group (under 5 years, 5 to 17 years and 18 years and over) in the relevant space as per the options listed on the form. If the service user is not completely sure of the exact ages of their children, record the youngest age option, based on the best information ascertained from the service user.

Example 1: Child is reported as aged around 5 or 6 years – include them in the group 'under 5s'.

Example 2: Small child – if they have not yet started primary school, include in 'under 5'.

Example 3: Teenager – if still in secondary school, include in the category '5 to 17 years'.

If the service user **cannot recall** the age range of the children, then write '99', the data code for 'unknown', in the relevant box.

Children currently living with service user

- This includes children where the service user has a carer or guardianship role. It includes non-related children such as **foster children** and **stepchildren**.
- It also includes the children of a **long-term cohabiting partner**, if that partner has shared caring responsibility for the child for more than two years.
- The service user is a **grandparent** or other **close relative** and a related child is living with that person: if that person is the **official guardian** then this can be deemed to be 'living with them'.

Children currently living with other parent

- The child is living full time with the other parent, or the other parent has primary, physical custody of the child.
- For **joint custody**, choose the option which reflects where the child spends the majority of their time on weekdays. If the child spends equal numbers of days with each parent, then choose the option 'Living with service user'.

When is a child deemed to be 'in care'? For the purpose of the NDTRS data collection process, this includes any children of the service user who are living in either **formal care or informal** care.

- **Formal care** includes:
 - 1) Foster care with family or non-related foster parents under a care plan drawn up by the Child and Family Agency/HSE.
 - 2) Residential care in a home run by the Child and Family Agency/HSE; in a children's residential centre that is registered under the 1991 Act, or in a school or other suitable place of residence.
 - 3) Children who are taken into care under special care orders or interim special care orders, and who are placed in special care units.
- **Informal care** includes: Children of the service user who are living with a family member who is their primary carer on a temporary or more permanent basis, for example, in circumstances where one or more of the children's parents are absent.
- **Young adults aged 18 to 21** years who were in care, and who then moved to **aftercare services** provided by the Child and Family Agency, can also be classified as living in care. This 18 to 21 years age span can be extended up to 23 years if the person is engaged in formal education.

The grouping '**Children currently living elsewhere**' refers exclusively to biological children/adopted

children, or children who are under the official guardianship of the service user. It also refers to:

- A child who is living with other family members or friends temporarily, but who is not is not considered by the service user to be a child living in care.
- Left home – Under 18: child has left home and is living elsewhere for employment or education reasons, and has a different primary address to the service user e.g., left home at 17 to attend college in another geographical location.
- Left home – Over 18: left home for employment or education reasons, and has a different primary address to the service user.

Q8a. Area of residence ***Change to the codes in 2016***

Area of residence refers to the geographical location where the service user resides. It does NOT refer to where the treatment centre/service provider is located. There are now two different address books, which contain new codes for Electoral Division, LHO and CHO. **Address Book 1** has replaced the old 'Pink book' for Dublin, Kildare and Wicklow. **Address Book 2** is new and contains the townlands of all other areas outside Dublin, Kildare or Wicklow. While townland is not as precise as street, it will be a big step in improving geocoding in the NDTRS to enable improved service provision.

For Prison clients please see note ***Clients receiving treatment in prison***, page 11.

Service users living in Dublin, Kildare or Wicklow .	➔	Use Address Book 1 . This contains street names
Service users living outside Dublin, Kildare or Wicklow .	➔	Use Address Book 2 . This only contains townland
If a service user is in prison	➔	If a service user is in prison, then record the service user's address/geographical area of residence prior to their imprisonment.
If the service user is homeless	➔	If the service user is homeless in Dublin, please record the address/geographical area closest to the place where they most frequently sleep rough.
If you cannot find the address you want,	➔	Choose the road closest to the address you want

Q9a. Education: highest level completed to date ***Changed in the 2016 NDTRS form***

Record the highest educational level **that had been attained** by the service user at the time of commencing treatment. If the service user is still attending school, please circle the highest education level they have attained to date – see examples below.

Example 1: If the service user is a student in second year at secondary school, then the highest level they have completed is primary level i.e., 'option 0'.

Example 2: If the service user is a student in fifth year at secondary school, then the highest level they have completed is Junior Certificate i.e., 'option 2'.

Example 3: If the service user dropped out of secondary school at age 15 without completing their Junior

Certificate, but returned to education at age 22 and finished their degree at age 25, the answer to Q9a is third level i.e., 'option 4'.

Note: The option 'Still in education', which featured on previous NDTRS forms, is no longer a response option for Q9a.

Northern Ireland and UK educational equivalents are as follows:

- GCSEs, O levels and General National Vocational Qualifications (GNVQs) at intermediate level are equivalent to the Junior Certificate.
- A levels and GNVQs at advanced level are equivalent to the Leaving Certificate.

Q 9b. Age left school

This question is about the age the service user **first** left primary or secondary school. Record the age in years. **If the service user never went to school, please record 01 in the age field.**

Example 1: If the service user completed secondary school at 17 years of age and went straight from secondary school to university, the answer to Q9b is 'age 17'.

Example 2: If the service user is a student in secondary school, the answer is '88 still at school'.

Example 3: If the service user dropped out of secondary school at age 15 without completing their Junior Certificate, but returned to education at age 22 and finished at age 25, the answer to Q9b is 'age 15'.

Example 4: If the service user dropped out of primary school at age 11 without finishing sixth class, but returned to education at age 16 and finished at age 18, the answer to Q9b is 'age 11'.

Q10. Employment

Employment status provides some information about the service user's economic situation in the **30 days prior** to treatment. Please use the following table **to help you select** the employment status that most closely applies to your service user.

Service user status	Employment status
<ul style="list-style-type: none">– Farmer– Self-employed– Shop owner– Apprentice– Casual worker– Sick leave (if service user is in paid employment and is currently 'out sick')– Priest– Occasional work	1. In paid employment
<ul style="list-style-type: none">– Lone parent	2. Unemployed
<ul style="list-style-type: none">– Community project– Youthreach	3. SOLAS (FÁS)/training course
<ul style="list-style-type: none">– Student	4. Student
<ul style="list-style-type: none">– Housewife/husband	5. Housewife/husband
<ul style="list-style-type: none">– Service user is aged over 66 and is unemployed– In prison– Carer– Sick Benefit (service user does not have a job and is unable to work due to illness)– Asylum seeker– Unable to work due to disability	6. Retired/unable to work
<ul style="list-style-type: none">– Early school leaver – under 15 years of age– Career break– Community service (judicial)– Community/voluntary work	8. Other
<ul style="list-style-type: none">– Not known	9. Not known

Q11a. Country of birth ***Changed in the 2016 NDTRS form.***

This refers to the service user's country of birth. If they were born in Ireland, circle option 1 i.e., 'Ireland'. If born elsewhere, circle option 2 and write the name of that country in the space provided.

This question is based on the CSO Census.



The person's country of birth **can be different** to their nationality.

If you are certain that your service user was born in a country other than Ireland, but you are unable to ascertain what country, circle 'Not known'.

Q11b. Ethnic background *Changed in the 2016 NDTRS form*

This question refers to the service user's **self-described** ethnic background e.g., Traveller, and may be different to their nationality.

Circle the appropriate code.

This question is based on the CSO Census.



The service user's ethnic background should **NOT** be determined either by you or by the treatment centre staff; rather, it should be determined by the service users themselves.

Roma has been added as an option for 2016 – see explanatory note about Roma below.

If the service user does not wish to answer this question, circle option 10 i.e., 'Does not wish to answer'. If there was no opportunity to ask the question, circle option 99 i.e., 'Not recorded'.

Roma

Roma refers to the international Roma community, which comprises diverse groups throughout the world. As a minority ethnic group, the Roma do not have an exclusive homeland; rather, they share a common ancestry of origin, history and culture. The term 'Roma' is the plural of Rom, which means an adult member, man or people. Romni refers to female members of Roma groups and the wider Roma community. Gypsy is a pejorative term and should not be used. Today, an estimated 10–12 million Roma are living in Europe, Asia, Africa, Europe, the Americas (North, Central and South), Australia and New Zealand. Estimates suggest that 8–10 million Roma live in Europe, mainly in the Balkans (Albania; Bulgaria; Bosnia; Croatia; FYR Macedonia; Montenegro; Serbia; Romania; Turkey) and Central and Eastern Europe.

In Ireland, the Roma population in Ireland is estimated to be between 2,500 and 3,000.

Despite their traditional nomadic culture, many Roma groups are settled, particularly in some Eastern European countries where a settled way of life was enforced under Communist rule. However, some Roma continue to live as peripatetic nomads, i.e., they travel in order to practise their trades and skills wherever they can.

Many Roma speak Romani, an Indo-European language that is similar to the Greek, Romance, Germanic, Slav, Baltic and Celtic languages. Other Roma speak Romanian.

Sources: http://www.paveepoint.ie/pdf/Roma_Report.pdf; <http://www.erionet.eu/home.htm>

Q11c. Main language other than English or Irish *New to the NDTRS form*

This question refers to the main language, other than English or Irish, which the service user **speaks at home**. Please write your response in the space provided.

This question is based on the CSO Census.



If the service user speaks English or Irish at home, record 'no'.

The service user may be proficient in English, but the language they speak at home with their family may be different.

If there was no opportunity to ask the question, and if you are certain that the service user does speak another language, then circle option 99 i.e., 'Not known'.

Section C: Referral/assessment details

With example text

C. Referral/assessment details		
12. Date of referral <div> <div>1</div><div>3</div><div>0</div><div>7</div><div>1</div><div>6</div> <div>DayMonthYear</div> </div>		
13. Main reason for referral <small>Circle ONLY one option</small> <div> <div>1. Alcohol</div> <div>2. Drug (specify) <u>Heroin</u></div> <div>3. Concerned person</div> <div>4. Other problem (specify) _____</div> </div>		
14. Source of referral <small>(circle)</small> <div> <div>1. Self</div><div>2. Family</div><div>3. Friends</div><div>4. Other drug treatment centre</div><div>5. General practitioner</div><div>6. Acute hospital service excluding emergency dept.</div><div>7. Social services/Community services</div><div>8. Court/probation/police</div><div>9. Outreach worker</div><div>10. School or college</div><div>11. Prison</div><div>12. Employer</div><div>13. Emergency Department (ED)</div><div>14. Mental health professional</div><div>15. Needle Exchange</div><div>16. Not known</div> </div>		
15. Date of initial assessment <div> <div>1</div><div>4</div><div>0</div><div>7</div><div>1</div><div>6</div> <div>DayMonthYear</div> </div>		
16. Assessment outcome <small>(circle one)</small> <div> <div>1. Suitable for treatment in any drug/alcohol service</div><div>2. Unsuitable for drug or alcohol treatment</div><div>3. Referred to another site, no intervention provided in this centre</div><div>4. Psychiatric assessment only</div> </div> <p>If 2, 3, 4 STOP and return form to HRB.</p>		
17. Where client is suitable for treatment <small>(circle one)</small> <div> <div>1. Treatment offered with this centre and client accepted</div><div>2. Treatment offered with this centre and client DID NOT accept</div><div>3. Client did not fulfill criteria to commence treatment</div><div>4. Client commenced treatment with another centre</div><div>5. Service unable to contact / locate client</div><div>6. Client sent to prison</div><div>7. Client died</div><div>8. Other (specify) _____</div> </div> <p>If 1 continue form, otherwise STOP and return form to HRB.</p>		

**Please note that the completed form above shows mock data, which are used here for illustrative purposes only.*

Q12. Date of referral for this treatment episode

In the context of the NDTRS form, 'referral' is defined as directing a person to a source for help, information or treatment in relation to problem drug or alcohol use.



A service user may be referred, assessed and treated on the same day.

It can be the date the person telephoned seeking an appointment, or it can be the date a referral letter was sent by their GP.

Q13. Main reason for referral

The 'Main reason for referral' categories are:

1. Alcohol
2. Drug
3. Concerned person
4. Other problem (process addiction)

You should circle **only one** of the above four options.

If a drug is the main reason, then please **specify the name of the drug** used.

If the main reason for referral is option 4 i.e., 'Other problem', you must **specify the nature of the problem**, e.g., process addiction: gambling, eating, spending, gaming/Internet, sex or pornography.



If the service user is misusing two drugs (such as heroin and alcohol) and both drugs are problematic, you and the service user should come to an agreement as to which drug is more problematic. See Q28, which allows you to record the difficulty in assessing the main drug.

If the service user is a **concerned person**: historically the NDTRS only collected data on these cases up to this point. In the new on-line system there is the facility to enter a full treatment episode including treatment interventions. Please **please first check** with your data-co-ordinator or the NDTRS team to ascertain if your service is going to record the full information before filling out a form.

Specifying drug names

When recording the problem drug **please be as specific as possible** as information on the specific type of drug makes understanding trends and emerging problems much easier.

You can record the **drug name** or **medicine type** or the **brand name** or **street name**. Please do not write 'tablets', as this could refer to many different kinds of drugs; rather, you should specify the exact tablet/medication where possible.

- Cocaine: is it coke or crack? If sniffed or snorted then most likely cocaine powder (coke)
- Benzodiazepines: Valium is a common brand name for diazepam. Either one is acceptable.
- Z-drugs: Is it zimovane or zopiclone? For example Stilnoct is a common brand name for zimovane so either is acceptable
- Novel psychoactive drugs (NPS) also known as head shop drugs: if the service user cannot remember the name of drug, you should record the type e.g., 'cannabis-like' or 'powder stimulant'.
- Lyrica: Do not record Lyrica as a "tablet" – Lyrica is acceptable in the system.

If the main problem drug is **methadone**, you must specify whether it is **street methadone** or **prescribed methadone** in the responses that you give to questions 13, 21a, 22a, 23a, 24a and 25a.

When is methadone 'street' or 'prescribed'?

- If the service user is receiving methadone from a clinic or from a GP, and you are **working towards detoxification with the service user**, then record '*Prescription methadone*' as the problem drug.
- If the service user is using prescribed methadone, as per their prescription, and if they are attending your service in order to continue their methadone treatment, then record the opiate which precipitated their methadone treatment. For example, record 'heroin' or some other type of opiate.
- If the service user is receiving methadone from a clinic or from a GP, and they are using street methadone **in addition** to their prescription, then record '*Street methadone*' as the problem drug.
- If the service user is not receiving methadone from a clinic or from a GP, but they are using methadone, then record '*Street methadone*' as the problem drug.

Can't find the drug that your client is taking? Contact the NDTRS team at ndtrs@hrb.ie and they can advise you or add the name of the drug to the list for you.

Q14. Source of referral

Please circle the appropriate code.



- If the service user is referred by an addiction counsellor, circle option 4.
- If the service user is referred by a psychiatrist or another mental health professional, circle option 17.
- Community services (option 7) include public health nurse, family liaison and counselling services (excluding addiction counsellor).

Q15. Date of initial assessment for this particular treatment episode

This refers to the date on which the service user was initially assessed by your service for this particular treatment episode for problem alcohol or drug use.

A service user may be referred, assessed and treated on the same day.



An assessment is an evaluation of an individual's needs and suitability for treatment. The aim of the assessment is to identify the individual's requirements, and thus inform decisions about treatment, care and support.

Q16. Assessment outcome ***Changed in the 2016 NDTRS form***

This question is about whether the service user is suitable for treatment at **any** drug or alcohol service.

If the service user is suitable for treatment at any addiction service, circle option 1.



If the service user is **not** suitable for drug or alcohol treatment – for example, if a mental health issue is the person's underlying problem, circle option 2. Then **STOP – do not complete any more of the form but return it.**

- If the service user has been referred to another drug or alcohol treatment centre, circle option 3. Then **STOP – do not complete any more of the form and return it.**
- Psychiatric assessment **ONLY** – circle option 4. Then **STOP – do not complete any more of the form but return it.** For example, some service users are referred for psychiatric opinion by GPs or by counsellors in other drug treatment centres.
- However, if the service user undergoes psychiatric assessment, but continues their treatment **in your drug treatment centre**, then circle option 1 – **suitable for treatment. Complete the entire form** and indicate in Section G: Activity details if psychiatric treatment has been provided.

Return the forms to your data coordinator or to the NDTRS team (whichever is applicable in your case).

Q17. Where the service user is suitable for treatment ***Changed in the 2016 NDTRS form***

If the service user was offered a place **with your treatment centre**, circle option 1.

If the service user was offered a place with **your centre**, but then chose not to accept the place, circle option 10.

If they started treatment at another location – in preference to choosing treatment your service – circle option 4.



You should complete the response to this question only if the service user is suitable for treatment.

- If you chose **option 1**, complete the form once treatment has started. **Make sure you complete the entire form** and include all treatment interventions.
- If any other option, **STOP – do not complete any more of the form but** return it to the data coordinator/NDTRS team.

Section D: Treatment details

D. Treatment details

18. Number of times started alcohol or drug treatment in this centre this year (Jan-Dec) (Enter 1, if first time this year) Times **1**

19. History of treatment (answer both questions, please tick)

	Never treated	Previously treated	Age first treated (years, if unknown 99)	Treatment status unknown
Drugs		✓	25	
Alcohol	✓		18	

20a. Ever received any opiate substitution before (excluding this current treatment)
☒ 1. Previously received 2. Never received 99. Not known

20b. Age first received any opiate substitution (excluding this current treatment) **2** **8** years
If not applicable, code 88
If not known, code 99

**Please note that the completed form above shows mock data, which are used here for illustrative purposes only.*

Q18. Number of times the service user started alcohol or drug treatment in this centre during this calendar year (January to December).

Indicate the number of times the service user has started treatment for **alcohol or drugs only** in **this** centre in **this** calendar year.

Circle option 1 if this is the first time the service user has presented for treatment this year.

For **concerned persons or process addictions**, write '88', not applicable



- This question refers to treatment only.
- Do **not** include the number of times the service user has been previously referred or assessed **and not treated**.
- Do **not** include continuous care service users – that is a client who started treatment in the previous calendar year and has continued in treatment, without a break, into this current year.
- A service user may attend a clinic several times during the same treatment period. However, if a service user is discharged from treatment but resumes treatment at a later stage in the year, this is their **second** (or subsequent) treatment period.
- If a service user returns to treatment and has **only** previously been assessed (not treated), this service user requires a new assessment prior to treatment. This treatment is the service user's **first** treatment period.

Q19. History of treatment ***Question changed in the 2016 NDTRS form***

Provide answers for **both** alcohol and drug treatment, regardless of the details of the main problem recorded in your response to Q13.

A service user can be described as 'never treated' for problem alcohol use and 'previously treated' for problem drug use, or vice versa.

If the case is a concerned person or has a process addiction, this question can also be filled out.

***In the on-line LINK system only, there is the possibility to record the history of treatment for other addictions.**

	Alcohol	Drugs
When to select 'never treated'	Service user has never received treatment for problem alcohol use at any time in the past in any centre (even outside Ireland), including in your own centre.	Service user has never received treatment for problem drug use at any time in the past in any centre (even outside Ireland), including in your own centre.
When to select 'previously treated'	Service user has previously received treatment for problem alcohol use at some time in the past in any centre (even outside Ireland), including in your own centre.	Service user has previously received treatment for problem drug use at some time in the past in any centre (even outside Ireland), including in your own centre.
If service user was previously treated , then please record age when they were first treated.	Refers to the service user's age when they were first treated for problem alcohol use in the past, in any centre and in any country. <i>If never treated, write "88" the code for not applicable. If age not know write "99" the code for unknown.</i>	Refers to the service user's age when they were first treated for problem drug use in the past, in any centre and in any country. <i>If never treated, write "88" the code for not applicable. If age not know write "99" the code for unknown.</i>
When to select 'Treatment status unknown'	Q19 is very important for reporting NDTRS data. 'Not known' should only be chosen after every effort has been made to ascertain the service user's treatment history.	

NOTE: In the on-line LINK system **only**, there is the possibility to record the history of treatment for other additions.

Q20a. Ever received any opiate substitution before (excluding this current treatment) *New to the 2016 NDTRS form*

This question includes any type of opiate substitution medication, including methadone or Suboxone.

Circle option 1 'previously received' if:

- the service user is currently having opiate substitution treatment at another centre while simultaneously receiving a different treatment at your centre e.g., counselling;
- the service user has ever received opiate substitution treatment under medical supervision (including low-threshold) in any clinical service in Ireland or outside Ireland.

Circle option 2 'never received' if:

- the service user is receiving opiate substitution treatment for the **first time** in your centre for this particular episode of care;
- the service user self-medicated on street methadone only, and was not under medical supervision for opiate substitution at any point.

Q20b Age first received any opiate substitution treatment *Question changed in the 2016 NDTRS form*

Age should **only** be recorded for service users who have **previously received** opiate substitution treatment.

If not applicable, write '88' not applicable



The age when the service user first received opiate substitution can be **older** than the age cited in your response to Q19 i.e., 'Age first treated for problem drug use'. However, it cannot be younger than that age.

If age is unknown, write '99' i.e., 'unknown'.

Section E: Drug use (including alcohol)

E. Drug use				
a. Current problem drug(s) including alcohol (write in words)	b. Route of administration (use code)	c. Frequency of use in last month (use code)	d. Age at first use (years, if unknown 99)	
21. Main drug Heroin	1	7	24	Route of administration 1. Inject 2. Smoke 3. Eat/Drink 4. Sniff/snort 5. Sublingual 6. Rectal 7. Topical 9. Not known
22. Drug 2 Alcohol	3	8	16	
23. Drug 3 Diazepam	3	3	19	
24. Drug 4				Frequency of use in past month 3. Daily 6. 4-6 days per week 7. 2-3 days per week 1. Once a week or less 4. No use in the past month 9. Not known
25. Drug 5				

26. Age first used any drug
(excluding alcohol and tobacco)

1

6

 years
 (if not applicable code 88)

27. Specify first drug ever used
(excluding alcohol and tobacco)

Hash

28. Was it difficult to assess which was the main problem drug?

☒ 1. Yes

☐ 2. No

☐ 99. Not known

☐ 88. Not applicable

*Please note that the completed form above shows mock data, which are provided for illustrative purposes only.

Q22a. Main and current problem drug ***Question changed in the 2016 NDTRS form*. New line added to record a fifth problem drug.**

Record the name of the current **main** problem either alcohol, drug or process addictions that the service user is currently seeking treatment for.

Other addiction problems (e.g., gambling, spending) can also be recorded as the main problem.

➔

- The main problem drug listed here **must** be the same as the 'Main reason for referral' recorded in your response to Q13.
- If the service user is drug free, record the main drug they last used and for which treatment was sought.
- Alcohol** can be recorded as the main drug, subsequent drug, or only problem drug.
- Tobacco is excluded** for the purposes of the NDTRS form.
- If **methadone** is the problem, please specify if it is street methadone or prescribed methadone. (see note on page 18.)
- If **cocaine**, please specify whether this is coke or crack cocaine.
- If **head shop drug**, please specify the name.
- If **benzodiazepines** are the main problem, please try to be as specific as possible. Do not record the term 'tablets'.

Q22b. Route of administration for problem drug

Record usual route of administration from the codes provided.

➔

- If the service user is drug free at the point of treatment contact, record the usual route of administration when they were last using this drug.

- Injecting or smoking/sniffing? If the service user smoked the drug more often than they injected it **in the 30 days prior to treatment**, please record 'injecting', as this is more harmful.
- **Topical** refers to absorption through the skin (e.g., transdermal patches).
- If 'Other problem' (gambling, spending, etc.) record '8' i.e., 'Not applicable'.

Q22c. Frequency of use of problem drug in the past month *Question changed in the 2016 NDTRS form*

Record the frequency of problem drug use during the past month, using the codes provided. As follows:

- 3. Daily
- 6. 4-6 days per week
- 7. 2-3 days per week
- 8. Once a week
- 4. No use in the past month
- 99. Not known



- The frequency of use refers strictly to use in the **30 days immediately before treatment started**.
- If the service user is drug/alcohol free or has not used this drug in the 30 days before treatment started, circle option 4 (i.e., 'No use in the past month').
- If the response is 'Other problem' (gambling, spending, etc.), then record the frequency of the service user's habit.

Q22d. Age at first use

Record age in years when the service user first used this drug.

If not known, write '99'.

Q22/23/24/25. Additional drugs (drug 2, drug 3, drug 4, drug 5)

Name(s) of additional drugs(s)

Record the names of up to four additional drugs, which are also part of the service user's **CURRENT** problem drug use. This can include alcohol and other process addictions.



This item does not attempt to record all other drugs that have been used by the service user, but only those that are seen by the service user and/or treatment staff as significant in the service user's **CURRENT** problem alcohol or drug use.

Thus, occasional or moderate and controlled use of alcohol or cannabis should not be included, **but bouts of heavy binge drinking and episodes of compulsive cocaine use, for example, should be included.**

Record route of administration, frequency of use and age when first used each drug, as per instructions outlined above for Q21a, b, c, d.

Q26. Age first used any drug

Record the age of the service-user when they first used/experimented with any drug for non-medical purposes.



This excludes alcohol and tobacco for the purposes of NDTRS data collection.

It **includes** experimentation with, for example, glue, markers, Tippex and aerosols etc.

If the service user never used any drug, write '88' the code for 'Not applicable'.

If not known, write '99'.

Q27. First drug used

Record the first drug the service user used for non-medical purposes.



This excludes alcohol and tobacco for the purposes of NDTRS data collection.

It **includes** experimentation with, for example, glue, markers, Tippex and aerosols etc.

If never used any drug, write 'Not applicable' i.e., code '998'. If not known, write '999' the code for 'Not known'.

Q28. Was it difficult to assess the main problem drug? ***New question***

This question refers to when two or more drugs (including alcohol) are simultaneously involved in the service user's drug problem, and it is very difficult to determine the main drug that was responsible for the service user seeking treatment.

If it is difficult to determine the main problem drug, circle option 1 'Yes'.

If it was not difficult to determine the main problem drug, circle option 2 'No'.



Even if it is very difficult to determine, **only one main problem** drug must be chosen in the responses to questions 13 and 22. Agreement on just one main problem drug must be reached by you and the service user.

'88' not applicable can be chosen where the service user is a concerned person or only has a process addiction and no drug or alcohol problems.

If alcohol is listed as a problem drug in the responses to questions 21 to 26, please answer questions 29a to 29d. If alcohol is not listed as a problem drug, skip to Section F (Q30a).

E. Drug use, continued

If **alcohol** is listed as a problem drug at Q21-Q25, please complete Q29a to Q29d, otherwise go to Q30a.

29a. Please specify the **preferred** types of alcohol consumed

(circle all that apply)

2. Beer ☒ 3. Spirits 4. Wine 5. Fortified wine 6. Cider 7. Alcopops
8. Other specify _____

29b. How many **standard drinks** were consumed on a typical drinking day over the past month?

(if none write 0)

2 0

Standard drinks

29c. Please categorise the extent of the drinking problem (circle)

2. Hazardous drinker ☒ 3. Harmful drinker 4. Dependent drinker

29d. Number of previous alcohol detoxes

(if none write 0, if unknown 99)

0

**Please note that the completed form above shows mock data, which are used here for illustrative purposes only.*

Q28a. Specify the preferred types of alcohol consumed by the service user

Specify the **preferred types** of alcohol consumed i.e., the type(s) the service user would **normally** consume.

If the service user has abstained from alcohol for 30 days prior to treatment, please record the preferred type of alcohol they would normally have consumed prior to treatment.



- **Beer** includes lager, stout and ale.
- **Fortified wines** are created by adding a distilled beverage (usually brandy) to a wine. The most popular fortified wines are port, Madeira or, sherry.
- An **alcopop** is an alcoholic beverage made with fruit juices and other flavourings. Examples include Smirnoff Ice and Bacardi Breezer.
- If other, please specify the types/name of alcohol consumed.

Q29b. How many **standard drinks** were consumed by the service user on a typical drinking day within the **30 days** prior to treatment?

This question seeks to determine the number of standard drinks consumed by the service user in **a typical drinking day/session** in the 30 days prior to treatment. It does **NOT** seek to determine the amount consumed during the month as a whole.

A standard drink is:



The recommended amount is up to **11 standard drinks** a week for women



The recommended amount is up to **17 standard drinks** a week for men

Source HRB – National Alcohol Diary Survey 2013

Examples of number of standard drinks

	Millilitres / litres	% alcohol	Number of standard drinks
Bottle			
WINE	750ml	12.5	8
VODKA	700ml	37.5	21
BRANDY	700ml	40	22
WHISKEY	700ml	40	22
GIN	700ml	38	21
NAGGIN			
VODKA	175ml	37.5	5
BRANDY	175ml	40	6
WHISKEY	175ml	40	6
GIN	175ml	38	5
FLAGON			
CIDER	2 litres	4.5	8

Q29c. Please categorise the extent of the service user's drinking problem

Circle one option only.



2. Hazardous drinking is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person who has no apparent alcohol-related health problems. Hazardous drinking includes experimental drinking. **[AUDIT score 8 – 15: Increasing risk]**

3. Harmful drinking can be described as a pattern of use that results in damage to physical or mental health. Some would also consider social consequences among the harms caused by alcohol. **[AUDIT score 16 – 19: High risk]**

4. Dependent drinker: there is a cluster of behavioural, cognitive, and physiological symptoms that may develop after repeated alcohol use. Typically, this includes a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance. Also notably a physical withdrawal reaction when alcohol use is discontinued. **[AUDIT score 20+: Possible dependence]**

The HSE recommend the use of the Alcohol Use Disorders Identification Test (AUDIT) to screen individuals with problem alcohol use. AUDIT is a series of questions used to identify people with hazardous and harmful patterns of alcohol consumption. The AUDIT was developed by the World Health Organization as a

simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. For further information see http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf

Q29d. Number of previous alcohol detoxifications *New to the 2016 NDTRS form*

The need for detoxification can be an indicator of chronic harm caused by problem alcohol use. The response to Q29d is designed to ascertain the number of alcohol detoxifications that the service user has undergone which have been carried out under professional supervision.

It includes:

- detoxifications supervised by a GP in a primary care setting;
- detoxifications carried out with or without medication; detoxifications carried out in a residential treatment centre;
- and any detoxification carried out in the community under the supervision of key workers using the Community Detoxification Protocols.

It does **not include** where the service user detoxed themselves by going “cold turkey”.

If the client is currently undergoing an alcohol detoxification in your service, do not include it in the total number. If this is their first alcohol detoxification, record '0'.

If a client has undergone an alcohol detoxification in the past, it is most likely that they are alcohol dependent. Please ensure that this fact is reflected in your response to Q29c.

If the service user has never undergone alcohol detoxification, write '0'. If the answer to this question is not known, write '99'. If the service user is not sure how many alcohol detoxifications they have undergone, please provide the “best estimate” number. For example, if it was “a few”, try to determine if it was more or less than 5. If it was less than 5 but more than one or two, record 3.

Section F: Risk behaviour

F. Risk behaviour

30a. Ever injected (circle) ☒ 1. Yes 2. No 9. Not known
If no or unknown, go to Q30e.

30b. If yes, age first injected years
If unknown, Code 99

30c. Frequency of injecting (circle one only)
☒ 1. Injected in the last 30 days
2. Injected in the last 12 months **but not** in the last 30 days
3. Injected but not in the last 12 months
4. Client did not wish to answer 99. Not known

30d. Ever shared needle and syringes (circle one only)
2. Never shared
1. Shared in the last 30 days
3. Shared in the last 12 months **but not** in the last 30 days
☒ 4. Shared but not in the last 12 months
5. Client did not wish to answer 99. Not known

30e. Ever shared any other drug paraphernalia (excluding needles and syringes) (circle) (e.g. straws, foil, pipes)

2. Never shared
1. Shared in the last 30 days
3. Shared in the last 12 months **but not** in the last 30 days
☒ 4. Shared but not in the last 12 months
5. Client did not wish to answer 99. Not known

31. History of viral screening (one tick per column)

	Hepatitis C	Hepatitis B	HIV
1. Never tested	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Tested in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tested but not in the last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Client did not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please note that the completed form above shows mock data, which are used here for illustrative purposes only.*

Q30a. Ever injected

The term 'ever injected' refers to whether the person has injected any drugs for non-medical purposes at least once in their lifetime. All drugs ever used by the service user must be taken into account.

If the response is 'no' or 'unknown', proceed to Q30e.



Injecting includes intravenous, intra-muscular or subcutaneous (beneath or just under the skin) administration.

Injecting steroids for body building or injecting tanning solution is included, but *bona fide* medical injections (insulin for diabetics, vaccinations etc.) are not included.

Q30b. If the service user has ever injected, state age when they first injected.

Enter the age when the service user first injected. If this is not known, circle '99'.

Q30c. Frequency of injecting ***Question changed in the 2016 NDTRS form***

Frequency of injecting refers to very specific time periods:

Circle the appropriate code. As follows:

1. Injected in the past 30 days.
2. Injected in the past 12 months, **but not** in the past 30 days.
3. Injected, **but not** in the past 12 months.
4. Service user did not wish to answer
If not known, circle '99'.



This includes the injection of any drug for non-medical purposes.

It does not include medical injections (insulin for diabetes, vaccinations etc.).

If the service user does not wish to answer, then circle option 4.

If you circle option 1 'Injected in the past 30 days', then this **must correspond** with the answers given in Section E: 'Drug use'. Route of

administration of at least one of the problem drugs must be by injecting at a frequency of at least once a week.

Q30d. Ever shared needle and syringes *EU question. Changed in the 2016 NDTRS form*

If the service user never shared needs or syringes, circle option 2. Never shared.

If ever shared needles and syringes, circle the relevant time period i.e.:

- 2. Never shared
- 1. Shared in the past 30 days.
- 3. Shared in the past 12 months **but not** in the past 30 days.
- 4. Shared, **but not** in the past 12 months.
- 5. Client did not wish to answer
- 6. Shared but time period not known.

If answer is not known, circle '99'.

This question **only** refers to **needles and syringes**, and to whether the service user has ever shared these items.

Excluded from this list are spoons, filters, citric, water to mix drug, as well as water or bleach to clean equipment – see Q30e.

If the service user does not wish to answer, circle option 5.

Q30e. Ever shared any other drug paraphernalia *Question changed in the 2016 NDTRS form*

This question should be **asked of ALL service users**, and not only those who report that they are currently injecting/have injected drugs.

If never shared any other drug paraphernalia, circle option 2.

If ever shared any other drug paraphernalia, circle the relevant time period:

- 1. Shared in the past 30 days.
- 3. Shared in the past 12 months but not in the past 30 days.
- 4. Shared, but not in the past 12 months.
- 6. Shared but time period not known.

If sharing status is not known, circle '99'.

Note: in the context of this question, 'any other drug paraphernalia' does not include needles and syringes.

This question aims to determine whether the service user has ever shared any other equipment with other drug users. The service user may **never have injected drugs**, but may have used other drug paraphernalia.

Such paraphernalia includes straws, foil, pipes, spoons, filters, citric, water to mix drug, as well as water or bleach to clean equipment.

If the service user does not wish to answer this question, circle option 5.

Q31. History of viral screening *New question on the 2016 NDTRS form*

This question should be **asked of ALL service users**, and not only those who report that they are currently injecting/have injected drugs.

The question should be asked as soon as the service user enters treatment.

The ultimate objective is to obtain a more complete and reliable picture of the level of testing of infectious diseases among treatment service users.



There should be one tick in each column.

If the service user was never tested, tick all the appropriate boxes. You should only tick 'not known' only as a last resort.

Section G: Activity details

G. Activity details

32a. Treatment interventions	32b. Date started	32c. Date of last visit	32d. Number of sessions/visits	32a. Treatment interventions	32b. Date started	32c. Date of last visit	32d. Number of sessions/visits
Brief intervention	14/07/16	14/07/16	1	Methadone substitution			
Individual counselling	21/07/16	03/09/16	7	Buprenorphine/naloxone substitution			
Group counselling				Detox from alcohol			
Individual education/awareness programme				Detox from heroin			
Group education/awareness programme				Detox from methadone			
Medication-free therapy				Detox from benzodiazepines	17/07/16	01/09/16	20
Complementary therapies				Detox from "Z" drugs			
Social and/or occupational reintegration				Detox from other drug Specify: _____			
Family therapy				Community detox			
Structured after care programme				Key working	14/07/16	03/09/16	8
Strengthening family programme				Case manager appointed			
Psychiatric treatment				Care plan	21/07/16		
Multi-component model							

**Please note that the completed form above shows mock data, which are used here for illustrative purposes only.*

Q32a/b. Treatment interventions provided ***Question changed in the 2016 NDTRS form***

Enter the relevant date beside the treatment intervention(s) provided at this centre during this treatment episode.



Ensure that the dates for all initial treatment **interventions** are entered on the form.

At least **one treatment** intervention for this treatment episode must be provided for the form to be valid.

Treatment interventions ***New to the 2016 NDTRS form***

This list has been reordered/regrouped and a number of new interventions have also been added to the list.

Brief intervention

Typically, brief interventions comprise between one and four sessions with a trained interventionist (counsellor, doctor, psychologist or social worker, for example), with each session ranging from 30 minutes to one hour. Research findings indicate that brief interventions can be an effective way to reduce substance misuse, especially among non-treatment-seeking individuals who do not have severe substance misuse problems that would require more intensive treatment.

A brief intervention that includes motivational interviewing is titled a brief motivational intervention (BMI). BMI is a collaborative method that makes use of reflective listening and empathy as well as specific techniques (asking key questions, anticipating the future), in order to enable service users with substance misuse-related problems to explore and resolve their ambivalence about reducing their substance use. Brief motivational interventions often involve giving the service user feedback regarding their substance misuse and the risks associated with it. This type of brief intervention is also included in this treatment option.

SAOR *New intervention available on-line from June 2017*

The SAOR model of screening and brief intervention for problem alcohol and drug use aims to allow professionals to assess, and if necessary, assist a person to alter their problem alcohol or drug use. The SAOR (Irish word for free) model advocates a four step-by-step guide to brief intervention for problem alcohol and drug use: 1. Support, 2. Ask and assess, 3. Offer assistance and 4. Refer. The SAOR Model has been adopted by the HSE as the national model for delivering screening and brief intervention for drug and alcohol use. Staff must have been trained in SAOR before the intervention can be added to their service. Care must be taken to not to double count brief interventions separately if included in the SAOR model. However brief interventions which do not fall under this model can be recorded separately based on the professional opinion of trained staff.

For further information see http://www.drugsandalcohol.ie/15791/2/HSE_Saor_model.pdf

Individual counselling

In individual counselling, the relationship between the service user and the counsellor is of fundamental importance. The counsellor focuses on the development of the relationship and its progress from initial contact to effective outcome. The counsellor helps the service user identify choices for the future, and then supports the service user as they implement such choices. **Relapse prevention is considered part of the counselling process.**

Counselling theory and practice can be divided into three main areas: psychoanalytical, behavioural and cognitive. These approaches represent different ways of understanding human personality.

Psychoanalysis is concerned with how past conflicts influence present behaviour.

Behavioural therapy focuses on the problem behaviour itself.

Cognitive approaches aim to understand current problems and ways of interacting.

While counsellors work from a fundamental base of theoretical knowledge and self-awareness, in practice, they may fuse different theories and approaches in order to effectively recognise the needs of their service users and offer appropriate help.

Group counselling

In group counselling the counsellor acts as facilitator for more than one person. The aim of a group therapy is to explore, to change, to challenge and be challenged towards personal growth. The group interacts within itself, with its members and with the counsellor. At times, the group takes over the role of counsellor by focusing, listening and helping to resolve problem areas. The strongest reason for participation in group counselling can be the support of group members for one another through explorations of self. Relapse prevention is considered as being part of counselling.

Individual education/awareness programmes

These programmes inform service users of the effects of problem alcohol and drug use. Individual education/awareness programmes involve individual sessions with service users, and normally comprise a predetermined number of sessions.

Group education/awareness programmes

These programmes inform service users of the effects of problem alcohol and drug use. Group education/awareness programmes involve group sessions with service users, and normally comprise a predetermined number of sessions.

Medication-free therapy

In order to break the cycle of chronic drug use, drug-dependent individuals must make important attitude and lifestyle changes, and they usually need help in order to do so. Psychosocial treatments, psychoanalysis, therapeutic community and spiritual approaches help drug misusers achieve and sustain meaningful periods

of abstinence.
<p>Complementary therapies</p> <p>Acupuncture is one of the complementary therapies used for the treatment of stimulant misuse. Other complementary therapies, such as reflexology, yoga, massage and mindfulness, are used to manage the stressors associated with the problem drug use.</p>
<p>Social and/or occupational reintegration</p> <p>The primary aim of social and/or occupational reintegration is to prepare the service user for positive participation in daily life. Social and/or occupational reintegration comprises personal development courses, work-related training and work experience projects. CE schemes delivered by your service should be included under this intervention.</p>
<p>Family therapy</p> <p>Family therapy (a form of psychotherapy) involves discussion and problem-solving sessions with selected family members. For the purposes of the NDTRS, it must be delivered by a trained family therapist. The sessions may take the form of group sessions, couple sessions or one-to-one sessions. In family therapy, the web of interpersonal relationships is examined and, ideally, communication is strengthened within the family. If relevant, patterns that may contribute to problem drug use are identified during the therapy sessions, and family members are then facilitated to address these patterns.</p>
<p>Structured aftercare programme</p> <p>Aftercare is the name given to the specialised outpatient treatment that follows residential treatment for problem alcohol or drug use, using following a set curriculum over a set period of time. The aim of aftercare is to provide comprehensive care and follow-up arrangements which support the service user outside the residential treatment setting. The ongoing needs of service users are evaluated, based on the success of their treatment, and also based on issues identified in their aftercare plan and the assessments of their aftercare counsellor. Aftercare may include a number of different aspects, such as individual and/or group sessions, family involvement, monitoring for relapse, outpatient follow-up with an experienced therapist and random urine screening.</p>
<p>Strengthening family programme/Structured family intervention *Revised definition for 2017*</p> <p>A strengthening family programme encompasses family/systemic consultation, and involves intervention within families and communities, which enhances protective factors for young people. This is a family skills training programme designed to increase resilience and reduce risk factors for substance misuse, such as depression, violence and aggression, involvement in crime and school failure in high-risk 13-17 year-old children. It is also designed to increase resilience/reduce risk factors for the parents of such children.</p> <p>A structured family intervention is where a counsellor (not a family therapist) provides a very structured and intensive programme using a set curriculum over prescribed number of days/weeks with a service user over the age of 18 and their family. However, before choosing this option please consider whether it is more appropriate to record this as treatment for concerned person. In this case a new episode can be started in the on-line system for the concerned person.</p>
<p>Psychiatric treatment</p> <p>Psychiatric treatment for problem drug use involves service users receiving a combination of counselling and prescribed medication (other than, or along with, opiate substitutes or detoxification medications) to alleviate their problems.</p>
<p>Multi-component models *New intervention listed in the 2016 NDTRS form*</p> <p>You can record any approved broad-spectrum/multi-component behavioural programme if your service is</p>

implementing the intervention ***strictly according to protocols***. Staff must be trained by an accepted practitioner and they must work to the appropriate protocols and practices e.g., using the procedures checklist, functional analysis, treatment planning etc.

Includes: Community Reinforcement Approach (CRA), Community Reinforcement Approach and Family Training (CRAFT), Adolescent Community Reinforcement Approach (A-CRA)

Please inform the NDTRS team which model your treatment centre is using, so that the team can note this in their records.

Methadone substitution

Methadone is an opiate substitute. It is taken once a day because its long duration eliminates opiate withdrawal symptoms for between 24 and 36 hours. It reduces cravings for heroin, and blocks the euphoric effects of opiates.

Buprenorphine and naloxone substitution **New intervention listed in the 2016 NDTRS form**

Suboxone is a brand name for a combination preparation of buprenorphine and naloxone (a partial-opioid agonist) which is licensed for use as an opiate substitute in Ireland. It is a sublingual tablet, and it is usually given in a daily dose as a maintenance treatment.

Detoxification **Changed in the 2016 NDTRS form**

The way detoxification is recorded on the NDTRS form has changed. The NDTRS now records the specific drug that the service user is *detoxing from* and not the method/medication that is used to support the detoxification process. Symptomatic medication can be used to relieve the symptoms experienced by a person who is withdrawing from a substance on which they are dependent. Symptomatic medication *should not* be recorded on the form.

Detoxification *from* alcohol

Alcohol is the drug the service user is being detoxed from. The method of detoxification may include symptomatic medication to relieve withdrawal symptoms.

Detoxification *from* heroin **New to the 2016 NDTRS form**

Heroin is the drug the service user is being detoxed from. The detoxification method may include medication with methadone, lofexidine or other medications to reduce the physical withdrawal symptoms.

Detoxification *from* methadone **New to the 2016 NDTRS form**

The service user is detoxing from methadone. If you are using methadone to aid a detoxification from another opiate drug e.g., heroin – chose '*detox from heroin*'. If you are using methadone to aid detoxification from another opiate, '*chose detox from other drug*' and specify the drug e.g., '*codeine*'.

Please specify whether the original problem was street methadone or prescribed methadone. The type of methadone (either prescribed or street) **must** be recorded as one of the problem drugs in your responses to Q13, and Q21 to Q25. Methadone may be prescribed and used as a medication to assist with the detoxification of the service user.

Detoxification *from* benzodiazepines

The service user is being detoxed from benzodiazepines. This includes all benzodiazepine-type drugs e.g., diazepam (Valium) and flurazepam (Dalmane). It **excludes** other non-benzodiazepine sedatives e.g., Z-drugs (see below).

Detoxification from Z-drugs *New to the 2016 NDTRS form*

The service user is being detoxed from Z-drugs. This includes all non-benzodiazepine sedative drugs: Zimovane, Zopiclone, Zolpidem or brand names such as Stilnoct.

Frequently, benzodiazepines are used to help detoxification from Z-drugs. In this case, benzodiazepines are the **TYPE** of medication used to aid the detoxification process, not the type of detoxification, and the service user *should not* be recorded as having a benzodiazepine detoxification.

Detoxification from other drugs *New to the 2016 NDTRS form*

The service user is being detoxed from any drug other than those listed above, for example codeine or cannabis. This includes any drug the service user is being detoxed from, *NOT* the medication used to assist the detox.

Community detoxification: supported *Changed in the 2016 NDTRS form*

The wording has changed from 'facilitated detox'.

You can choose this option if your service is supporting the service user through a detoxification in the community in a **structured and managed approach** – for example, key worker working to the Community Detoxification Protocols. Please record date treatment started, date treatment finished and the number of sessions/visits e.g., daily, weekly.

Key working *Changed in the 2016 NDTRS form*

A key worker is a named service worker who is assigned to work closely with the service user and provide a range of psycho-social interventions/advocacy. The key worker is usually appointed when the service user starts their treatment. The key worker's responsibilities include:

- engaging with the service user;
- ensuring consent;
- completing the service user's assessment and care plan;
- working to fulfil care plan actions relating to direct service provision for the service user;
- keeping relevant case notes/records.

Please record the date the key worker was appointed, the date the service user concluded working with the key worker, and the number of sessions involved. If a key worker provides a brief intervention during a key working session, this should be recorded separately. (See above for definition of a brief intervention.)

Case manager appointed

This is an identified worker who has a formal role in managing the total care of a patient attending an addiction service. The case manager's responsibilities include:

- assembling a case management team comprising all relevant key workers;
- facilitating this case management team to develop and agree a care plan either by telephone/email or through a case management meeting;
- acting as contact point for the case management team and service user;
- overseeing implementation of the care plan;
- maintaining the full case file, i.e., assessment, care plan, and updates;
- communicating any relevant gaps/blocks/barriers to the pilot coordinator through line management;
- remaining as case manager until formally handed over to new case manager or until disengagement or case closure processes are followed;
- the definition of a case manager may differ slightly from service to service. If your definition differs to this protocol, please inform the NDTRS team.

Care plan

This is a realistic set of goals and targets formulated for the service user. For further information see the National Drug Rehabilitation Committee (NDRIC) at <http://www.hse.ie/eng/services/publications/SocialInclusion/ndric/>

Section H: Exit details

H. Exit details

33a. Exit details (circle)

1. Treatment completed
2. Transferred/referred to treatment in another drug/alcohol service
Specify centre _____
- ☒ 3. Client declined further treatment
5. Client did not return for appointments (no show/DNA)
6. Premature exit for non-compliance. Specify reason (circle one)
 1. Drug taking
 2. Violent behaviour
 3. Illegal activities
 5. Alcohol taking
 4. Breaking service contract
7. Released from prison but not linked to other treatment service
8. Died
9. Sentenced to prison
12. No longer lives in the area
14. Prison to prison transfer
10. Other (specify) _____

33b. Please specify the number of family members or significant others (who were not treated for a personal addiction) involved in this treatment

Please write 0 if none

0 1

34. At end of treatment or when last seen, client is/has: (circle all that apply)

1. Drug free
2. Not changed drug use
3. Increased drug use
- ☒ 4. Reduced drug use
- ☒ 5. Abstaining from alcohol
6. Not changed alcohol use
7. Increased alcohol use
8. Reduced alcohol use
10. Substantially reached priority goals of care plan
11. Engaging with care plan
12. Disengaged from care plan
13. Care plan gaps and blocks identified
- ☒ 14. Engaging with other services (e.g. housing, education)
15. Engaging with other therapeutic services (e.g. self help groups, AA)
16. Engaging in other unstructured aftercare
17. Other (specify) _____
99. Not known

35. Date of discharge or transfer

0 3 0 9 1 6
Day Month Year

**Please note that the completed form above shows mock data, which are shown here for illustrative purposes only.*

When to complete the exit details

For the purposes of the NDTRS, service users should be exited (discharged from your service), and Section H should be completed if:

- treatment is completed;
 - this includes the initial intervention and any other additional subsequent interventions/treatments;
- the service user has been transferred to another drug or alcohol treatment service;
- the service user has refused to continue with their treatment or has failed to show for further appointments, despite reminders;
- or has permanently left the service for another reason (choose appropriate options).

28-day cut-off

For the purposes of the NDTRS, if the service user is a 'no-show' for more than **28 days** and there has been no contact with them despite your best efforts, then the service user should be exited and the blue carbon copy of the form should be returned to your data coordinator or to the NDTRS team (whichever is applicable in your case). If the service user returns to your treatment centre after this time, a new form must be completed.

If your service has set rules/agreed time in relation to discharge dates/'no-shows', please discuss this with the NDTRS team.

Q32a/b. Treatment interventions provided and date the service user started each type of treatment intervention

Enter the start date against all treatment interventions provided during this treatment episode.



Ensure that a date is provided for **all** interventions, including any additional interventions provided since the service user began treatment.

If a service user has had only one treatment

session, the date they started and the date they finished must be the same.

Q32c. Date each type of treatment was completed (or date of last visit for each type of treatment)

This refers to the date on which the service user completed each type of treatment intervention for problem alcohol or drug use during this treatment episode.



If the service user did not complete a particular treatment, record the date of their last appointment for that treatment.

Q32d. Number of sessions/visits for each treatment intervention

Record the number of sessions/visits the service user attended for each treatment intervention that was provided for problem alcohol or drug use during this treatment episode.



A session or visit refers to **each appointment** that a service user attends. For the purpose of completing the NDTRS form, only **one** session per day **per treatment** can be recorded.

For example, if a person is being given detoxification medication morning and evening, this should be recorded as one session (of detoxification) per day. You can write this as 'Daily' in the box, in order to record the number of visits/sessions on the form.

Q33a. Exit details *Question changed in the 2016 NDTRS form*

The response to this question records how and why the service user left/exited your treatment service.



'Transferred/referred' relates to other drug/alcohol treatment **only**. Specify the other treatment centre location. Only answer this question if the service user is continuing their **drug/alcohol treatment**. If the service user has been referred to a housing authority or to other social services, this can be recorded in the response to question 34 - i.e., option 14.

If, for example, the service user was referred to social services or to a housing authority, circle option 1 'treatment completed' and then choose the appropriate response option in Q34.

If the outcome was 'premature exit for non-compliance', circle option 6 and also choose the most appropriate reason from the reasons set out in numbers 1 to 5 on the list provided.

Treatment in prison

If the service user has been released from prison, please circle the option that best describes their

situation:

- If the service user was assigned to another drug or alcohol treatment service on release, then circle option 2 – 'Transferred/referred to another drug/alcohol treatment service'. Then proceed to Q33b in order to specify the other treatment centre location.

Otherwise circle option 7 – 'Released from prison but not linked in to another treatment service' or option 14 – 'Prison-to-prison transfer'.

If absconded, choose option 10 – 'Other' and specify.

Q33b. Please specify the number of family members or significant others who were not treated for a personal addiction, and who are involved in this treatment.

Record the number of family members or significant others who were involved in the service user's treatment.

If none, write zero on the form.



Family members or significant others

include service user's partner/spouse, mother and/or father, adoptive parents, foster parents, sisters, brothers or extended family (such as grandparents, uncles, aunts) or close friends who support the service user during their treatment and recovery.

Q34. At the end of treatment or when the service user was last seen, the client is/has: **New question in the 2016 NTDRS form**

Record the condition and progress of the service user at discharge, referral, or when last seen. This aims to measure progress and outcomes of the service user in a more meaningful way.

You can choose as many options as are applicable for both drug and alcohol use.

In general **drug/alcohol use** should be compared to use at the time the service user started treatment.



Drug free: is not using any drug on discharge from treatment.

Drug use unchanged/increased/reduced: this refers only to the **main problem drug** the service user sought treatment for.

The frequency of the drug or alcohol use should be based on the use at entry to treatment. Some service users may have become unstable since entering treatment. They may now be misusing another drug in a harmful and risky way, and more frequently, (and, for example, has declined further treatment). In this case you can choose the option 'other' and write explanatory text e.g. 'client unstable, misusing addition drugs which were not part of the problem at treatment entry'.

Progress with **the care plan** (options 10 to 13) should be assessed by you to the best of your current knowledge. If you chose this option then you **must** also have marked that the service user

--

has received a care plan in treatment interventions.

Engaging with other services (i.e., options 14 and 15) may be for the individual's drug use, but also may be a positive step towards dealing with other non-addiction problems e.g., mental health.

Unstructured aftercare covers what happens once the service user has officially exited/left the service but, for example, the service provides occasional drop-in visits or telephone calls for support.

If the service user is participating in a more **structured aftercare** programme in your service, which has a set curriculum and number of sessions, fill details for 'Structured aftercare programme' in Q32a instead.

Q35. Date of discharge or transfer

This refers to the date on which the service user was discharged or transferred from the treatment centre location.